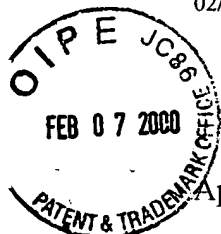


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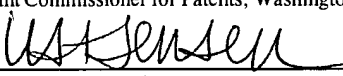
NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicants: Craig J. Gerard, Norma P. Gerard, Charles R. Mackay, Paul D. Ponath, Theodore W. Post and Shixin Qin

Serial No.: 08/963,656 Group Art Unit: 1646

Filed: November 3, 1997 Examiner: P. Mertz

For: ANTIBODIES TO C-C CHEMOKINE RECEPTOR 3 (As Amended)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on 02/04/00	
Date	Signature
Lisa Jensen	
Typed or printed name of person signing certificate	

FEB 10 2000

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 4, 1999 of the Primary Examiner finally rejecting claims 38-39, 49-51, 53, 55, 57-58, and 68-74. The items checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 4, 1999 for three months from November 4, 1999 to February 4, 2000.
- ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
- ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 870
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([ <input type="checkbox"/> ] mo.)	\$ _____
	Less fee paid	([ <input type="checkbox"/> ] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 1170

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1170.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Robert H. Underwood  
Robert H. Underwood  
Registration No.: 45,170  
Tel.: (781) 861-6240  
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: *February 4, 2000*